CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

P.O. Box 12070

FORM C/OH COVER SHEET PG 1

(512)463-5800

The C/OH INSTRUCTION this form.	N GUIDE explains how to complete	1 ACCOUNT# (Ethics Commission filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR FIRST	MI	OFFICE USE ONLY
NAME	PHIL NICKNAME LAST HARDBERGE	SUFFIX R	Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS /PO BOX; APT / SUITE #; C	ntonio, TX 78212	Date Hand-delivered or Date Postmarked
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (210) 828-3451	EXTENSION	Receipt # Amount
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST Michael NICKNAME LAST Beldon	D. SUFFIX	Date Processed Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	street address (no po box please): APT/SU 5039 West Avenue	ыте#; сіту; sтате; San Antonio, l	ZIP CODE E COMMINICATION OF THE COMMINICATION OF TH
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (210) 341-3100	EXTENSION	AANTO A 9
9 REPORTTYPE	January 15 30th day before election XX July 15 8th day before election		15th day after carpeaign treasure appointment (officeholder only) Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 05 07 04 THRC	DUGH 06 / 30	Year / 04
11 ELECTION			General Special
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if know Mayor, City	of San Antonio
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS	Direct campaign expenditures are campaign exp Candidates are required to disclose this information Name		
additional pages	Address / PO Box; Apt. / Suite #; City; State;	Zip Code	
	GO ТО	PAGE 2	

FORM C/OH COVER SHEET PG 2

1-800-325-8506

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

15 C/OH NAME		. 1	6ACCOUNT # (Ethics Commission filers)
17 NOTICE FROM POLITICAL	may have been made	tice of political expenditures by political committees to support the candidate without the candidate's or officeholder's knowledge or consent. Candidate of they receive notice of such expenditures.	ate / officeholder. <i>These expenditures</i> ss and officeholders are required to report
COMMITTEE(S)		COMMITTEE NAME	
	COMMITTEE TYPE		2
	GENERAL		1004 11 A
		COMMITTEE ADDRESS	声 5888
	SPECIFIC		20 CM
additional pages		COMMITTEE CAMPAIGN TREASURER NAME	
			و ۾
		COMMITTEE CAMPAIGN TREASURER ADDRESS	<u> </u>
		COMMITTEE CAM AGN REAGNER ABBRECO	
18 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 54,008.28
EXPENDITURE TOTALS	3. TOTAL I	POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZE	\$
	4. TOTAL	POLITICAL EXPENDITURES	\$ 6,225.67
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY ORTING PERIOD	\$ 47,520.89
OUTSTANDING LOANTOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE AY OF THE REPORTING PERIOD	\$
AFFIX NOTARY STAM Sworn to and subscri	bed before me, by	the saidPhil Hardberger tify which, witness my hand and seal of office.	formation required to be reported by definition of the desired formation required to be reported by definition of the desired formation required to be reported by determining the desired formation required to be reported by determining the desired formation required to be reported by determining the desired formation required to be reported by determining the desired formation required to be reported by determining the desired formation required to be reported by determining the desired formation required to be reported by determining the desired formation required to be reported by determining the desired formation required formation required to be reported by determining the desired formation required for
Signature of officer ac	dministering oath	Printed name of officer administering oath Title	ary Public, State of Telepropersion of Telepropersion of the State of Telepropersion of Teleproper

SCHEDULE A

The Instruction	GUIDE explains how to complete this form.			Total pages Schedule A:	
			3 ACCOUNT # (Ethics Commission filers)		
2 FILER NAME	Phil Hardberger		3 ACCOUNT # (Eth	ics Commission mers)	
4 Date	5 Full name of contributorout-of-state PAC (ID#:)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
06.30.04	Patrice M. Barron		contribution (4)	l	
			10.00		
				ļ 1	
		- , , ,		l 	
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See In	structions)		
	Attornev	Self			
Date	Full name of contributor Out-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applioable)	
06.08.04	Margaret Boldrick				
	Contributor address; City; State; Zip Code		100.00	ं ≘ ्नल	
1777 NE Loop 410, Ste. 600; San Antonio, TX 78217				= 200	
	1777 112 Boop 110, Stc. 000, Suit 7 Miles	.HU, 1A /021/		Q 235	
Principal occu	pation / Job title (See Instructions) Attorney	Employer (See Instructions) Self			
Date Full name of contributor out-of-state PAC (ID#:)	Amount of	In-kind contribution	
06.10.04	Dan Carabin	contribution (\$)	description (if applicable)		
00.10.04	Contributor address; City; State; Zip Code		100.00	1	
	409 S. Presa; San Antonio, TX 782	205		! 	
	, , , , , , , , , , , , , , , , , , ,				
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)			
	Attorney	Self			
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)	
06.02.04	Joe G. Cumpian		90.00		
	Contributor address; City; State; Zip Code		80.00	 	
	802 S. St. Mary's; San Antonio, TX	78205		1	
Principal occu	pation / Job title (See Instructions) Attorney	Employer (See In Self	estructions)		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of	In-kind contribution	
05 26 04	Jaime Cavazos		contribution (\$)	description (if applicable)	
05.26.04 Jaime Cavazos Contributor address; City; State; Zip Code			300.00	1	
	800 Dolorosa, Ste. 105; San Antoni	o, TX 78207		 -	
Principal occu	pation / Job title (See Instructions)	Employer (See In	I		
- 1	Attorney	Self			

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

SCHEDULE A

The Instruction	GUIDE explains how to complete this form.	1 Total pages Schedule A:			
2 FILER NAME	Phil Hardberger		3 ACCOUNT # (Ethics Commission filers)		
4 Date 05.29.04	 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$) 100.00	8 In-kind contribution description (if applicable)		
9 Principal occup	pation / Job title (See Instructions) Attornev	10 Employer (See in Self	structions)		
Date Full name of contributor			Amount of contribution (\$) 2,500.00	In-kind contribution description (if applicable)	
	5039 West Avenue; San Antonio, TX	78213		<u> </u>	
Principal occuj	oation / Job title (See Instructions) Owner	Employer (See In Beldon Roo	structions) Ofing	200	
Date 05.24.04	Full name of contributor out-of-state PAC (ID#:	X 78212	Amount of contribution (\$) 5,000.00	In sind contribution description (if applicable)	
Principal occu	pation / Job title (See Instructions) Retired Judge	Employer (See Instructions)			
Date 06.09.04	Full name of contributorout-of-state PAC (ID#: Chilton Maverick Contributor address; City; State; Zip Code 6515 Broadway; San Antonio, TX		Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)	
Principal occu	pation / Job title (See Instructions) Attorney	Employer (See In Self	estructions)	I	
Date 06.15.04	Full name of contributor ut-of-state PAC (ID#:	X 78217	Amount of contribution (\$)	In-kind contribution description (if applicable)	
Principal occu	pation / Job title (See Instructions) Attorney	Employer (See In Self	nstructions)		

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

SCHEDULE A

The Instruction	N GUIDE explains how to complete this form.		Total pages Schedule A: 19		
2 FILER NAME	Phil Hardberger		3 ACCOUNT # (Eth	nics Commission filers)	
4 Date 06.30.04	5 Full name of contributor out-of-state PAC (ID#:_ Philip Nelson 6 Contributor address; City; State; Zip Code 115 W. Rosewood; San Antonio, TX	7 Amount of contribution (\$) 200.00	8 In-kind contribution description (if applicable)		
9 Principal occu	 pation / Job title (See Instructions) Banker	structions) 1k			
Date 06.24.04	Date Full name of contributor out-of-state PAC (ID#:)			In-kind contribution description (if applicable)	
Principal occu	pation / Job title (See Instructions) Owner	Employer (See In Newman B	structions) rothers		
Date 06.24.04	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)	
Principal occu	pation / Job title (See Instructions) Architect	Employer (See In Ford Powel		a Sen	
Date 05.27.04	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution (independent description (if application)	
Principal occu	pation / Job title (See Instructions) Attorney	Employer (See In Self	estructions)		
Date 05.25.04	Full name of contributor out-of-state PAC (ID#:	X 78212	Amount of contribution (\$)	In-kind contribution description (if applicable)	
Principal occu	pation / Job title (See Instructions) Attorney	Employer (See Ir Self	nstructions)		

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

SCHEDULE A

The Instruction	Guide explains how to complete this form.		1 Total pages Sche	dule A:	
2 FILER NAME	AME Phil Hardberger 3			3 ACCOUNT # (Ethics Commission filers)	
4 Date 05.25.04	 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$) 50.00	8 In-kind contribution description (if applicable)		
9 Principal occup	pation / Job title (See Instructions) Lt. Colonel	10 Employer (See Ins Dept. of De	•		
Date 05.22.04	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$) 8,000.00	In-kind contribution description (if applicable)		
Principal occup	oation / Job title (See Instructions) Owner	Employer (See Ins Garden Feather		C 035K	
Date 06.21.04	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$) 250.00	In-kind contribution description (Prapplication)	
Principal occup	oation / Job title (See Instructions) Stockbroker	Employer (See Instructions) Salomon Smith Barney			
Date 06.10.04	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$) 200.00	In-kind contribution description (if applicable)	
Principal occup	pation / Job title (See Instructions) Attorney	Employer (See Ins	structions)		
Date 05.20.04	Full name of contributor out-of-state PAC (ID#:Clifford E. Morton Contributor address; City; State; Zip Code 1919 Oakwell Farms Pkwy., Ste. 270 TX 78218	San Antonio,	Amount of contribution (\$) 2,500.00	In-kind contribution description (if applicable)	
Principal occup	oation / Job title (See Instructions) Owner	Employer (See In: Morton Comp	structions) anies		

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

SCHEDULE A

The Instruction	N GUIDE explains how to complete this form.	1 Total pages Schedule A:		
2 FILER NAME	Phil Hardberger		3 ACCOUNT # (Etr	nics Commission filers)
4 Date	5 Full name of contributorout-of-state PAC (ID#:	\	7 Amount of	8 In-kind contribution
05 25 04	Robert M. Richards	/	contribution (\$)	description (if applicable)
05.25.04	Robert W. Richards		75.00	
	6 Contributor address; City; State; Zip Code		73.00	
	3500 Oakgate #3304; San Antonio,	TX 78230		
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See In		
	Hearing Officer	TX Workers	' Comp. Comn	nission
Date	Full name of contributor)	Amount of	In-kind contribution description (if applicable)
06.05.04	George Spencer, Jr.		contribution (\$)	description (ii applicable)
	Contributor address; City; State; Zip Code		500.00	
	112 E. Pecan, Ste. 1500; San Antoni	o TX 78205		
	112 E. 1 couri, 500. 1500, 5411 / Hittoria	0, 171 70203		
Principal occup	Dation / Job title (See Instructions)	Employer (See In:		3 = 1
	Attorney	Clemens &	Spencer	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of	in-kirid contribution
05.26.04	Pat Dodson		contribution (\$)	description (if applicable)
03.20.04	Contributor address; City; State; Zip Code		100.00	====
	•		100.00	
	318 E. Nopal; Uvalde, TX 78801			NO NO
Principal occur	pation / Job title (See Instructions)	Employer (See In:	etructions)	무 등
Timoparoccu	Attorney	Dodson & Lowe		
Date	Full name of contributor ut-of-state PAC (ID#:)	Amount of	In-kind contribution
0.5.0.4	Alan Dreeben	,	contribution (\$)	description (if applicable)
06.24.04	Contributor address; City; State; Zip Code		2,000.00	
	, , , , , , , , , , , , , , , , , , , ,		,	
	6511 Tri County Pkwy; Schertz, T	X 78154		
Principal occup	pation / Job title (See Instructions)	Employer (See In:		
	Principal	Block Distril	buting	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
06.04.04	Thomas W. Gendry			1
	Contributor address; City; State; Zip Code		250.00	
	12507 King Elm; San Antonio, TX	X 78230		
Principal occu	pation / Job title (See Instructions)	Employer (See In: Gendry & S	structions)	
	Attorney	Genary & Sp	orague, PC	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

SCHEDULE A

The Instruction	GUIDE explains how to complete this form.	1 Total pages Schedule A:		
2 FILER NAME	Phil Hardberger	3 ACCOUNT # (Eth	3 ACCOUNT # (Ethics Commission filers)	
4 Date 05.27.04	 Full name of contributor out-of-state PAC (ID#:_Out-of-state PAC (ID#:_Out-of-sta	7 Amount of contribution (\$) 1,000.00	8 In-kind contribution description (if applicable)	
9 Principal occup	pation / Job title (See Instructions) Law Firm	10 Employer (See In	structions)	
Date 06.05.04	Full name of contributor	X 78205	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occup	pation / Job title (See Instructions) Attorney	Employer (See In: Self	structions)	100 Y
Date 05.27.04	Full name of contributor out-of-state PAC (ID#: Edgar L. Leissner Contributor address; City; State; Zip Code 711 Canterbury Hill; San Antonio,		Amount of contribution (\$)	In-kind contribution [1] description (if applicable)
Principal occuj	pation / Job title (See Instructions) Attorney	Employer (See Instructions) Retired		<u> </u>
Date 06.07.04	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occu	pation / Job title (See Instructions) Attorney	Employer (See In Self	structions)	
Date 05.29.04	Full name of contributorout-of-state PAC (ID#: William Scanlan, Jr. Contributor address; City; State; Zip Code 241 Argyle; San Antonio, TX 7820	09	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Principal occu	pation / Job title (See Instructions) Attorney	Employer (See Instructions) Schoenbaum, Curphy & Scanlan, PC		

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

SCHEDULE A

The Instruction	GUIDE explains how to complete this form.	1 Total pages Schedule A:			
2 FILER NAME	Phil Hardberger		3 ACCOUNT # (Ethics Commission filers)		
4 Date 05.27.04	5 Full name of contributor □ out-of-state PAC (ID#: Bryan Woods 6 Contributor address; City; State; Zip Code 8626 Tesoro Dr #500; San Antonio,	7 Amount of contribution (\$) 250.00	8 In-kind contribution description (if applicable)		
9 Principal occup	pation / Job title (See Instructions) Attornev	10 Employer (See In: Bayne, Snell	,		
Date 06.28.04	Full name of contributor out-of-state PAC (ID#: Bettie Ward Contributor address; City; State; Zip Code 625 Avenue E; San Antonio, TX 75	Amount of contribution (\$)	In-kind contribution description (if applicable)		
Principal occup	pation / Job title (See Instructions) Artist	Employer (See Ins Self	structions)	C	
Date 06.30.04	Mel and Sandy Weingart Contributor address; City; State; Zip Code	I name of contributor			
Principal occup	pation / Job title (See Instructions) Retired	Employer (See Instructions)		70 NO	
Date 06.03.04	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)	
Principal occup	oation / Job title (See Instructions) Attorneys	Employer (See In: Self	structions)		
Date 05.29.04	Full name of contributor out-of-state PAC (ID#: Robert O. Switzer Contributor address; City; State; Zip Code 515 Bluff Trail; San Antonio, TX 78.		Amount of contribution (\$)	In-kind contribution description (if applicable)	
Principal occup	oation / Job title (See Instructions) Attorney	Employer (See In: Self	structions)		

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

SCHEDULE A

The Instruction	GUIDE explains how to complete this form.	1 Total pages Sche				
2 FILER NAME	Phil Hardberger		3 ACCOUNT # (Eth	3 ACCOUNT # (Ethics Commission filers)		
4 Date	5 Full name of contributorout-of-state PAC (ID#:	7 Amount of	8 In-kind contribution			
06.04.04	David Stephenson		contribution (\$)	description (if applicable)		
00.01.01	6 Contributor address; City; State; Zip Code		100.00			
	2913 Trailend Dr.; San Antonio, TX	78209-3034				
	2013 Trunena Dr., San Antonio, 17	170207 3031				
9 Principal occup	oation / Job title (See Instructions)	10 Employer (See In				
	Attornev	Clemens & S	pencer			
Date	Full name of contributor ut-of-state PAC (ID#:)	Amount of	In-kind contribution description (if applicable)		
06.21.04	Tobin Walker		contribution (\$)	description (trappicable)		
	Contributor address; City; State; Zip Code		250.00			
	2815 N. Main; San Antonio, TX 7	8212		30		
				7000		
Principal occup	pation / Job title (See Instructions) Stockbroker	Employer (See In: Salomon Si	structions) mith Barney	MI CHAR		
Date	Full name of contributor ut-of-state PAC (ID#:)	Amount of	In-kind contribution		
06.03.04	Bill Piatt		contribution (\$)	description (if applicable)		
00.03.01	Contributor address; City; State; Zip Code		50.00			
One Camino Santa Maria; San Antonio, TX 78228				04		
Principal occup	pation / Job title (See Instructions)	Employer (See In:	structions)			
	Dean	St. Mary's U	ary's University School of Law			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
06.03.04	Roseanne Piatt		, , ,	description (ii applicable)		
	Contributor address; City; State; Zip Code		50.00	 -		
	107 Cobblestone Ct.; San Antonio	, TX 78213		! 		
Principal occuj	pation / Job title (See Instructions) Law Instructor	Employer (See In St. Mary's Ui	structions) niversity Schoo	ol of Law		
Date	Full name of contributor out-of-state PAC (ID#:	/	Amount of contribution (\$)	In-kind contribution		
06.02.04	06.02.04 Tom Keyser & Constance Lindsey Contributor address; City; State; Zip Code			description (if applicable)		
				1		
	98 Saddletree Road; San Antonio, T	X 78231-1539				
Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)			
	Attorney	Self				

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

P.O. Box 12070

SCHEDULE A

	The Instruction	GUIDE explains how to complete this form.		Total pages Schedule A: 19			
2	FILER NAME	Phil Hardberger		3 ACCOUNT # (Ethics Commission filers)			
4	Date 06.21.04	Maurie Kern 6 Contributor address; City; State; Zip Code	Maurie Kern				
9	Principal occup	pation / Job title (See Instructions) Stockbroker	tion / Job title (See Instructions) 10 Employer (See Instruction				
	Date 05.26.04	Full name of contributor out-of-state PAC (ID#:) Clifford Morton Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable) Folding machine		
1919 Oakwell Farms Pkwy, Ste. 270; State TX 78218 Principal occupation / Job title (See Instructions) Owner			Employer (See In Morton Com	•	MA JUL		
	Date 06.24.04	Full name of contributor J. Russell Davis Contributor address; City; State; Zip Code 755 E. Mulberry, Ste. 500; San Anto TX 78212		Amount of contribution (\$) 5,000.0	In-kind contribution V description (if application)		
	Principal occu	pation / Job title (See Instructions) Attorney	Employer (See In Davis, Cedill	structions) o & Mendoza			
	Date 05.26.04	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Denman, Franklin & Denma		ın			
	Date 06.22.04	Full name of contributorout-of-state PAC (ID#: William Fisher Contributor address; City; State; Zip Code 223 W. Hollywood; San Antonio, TX 78212		Amount of contribution (\$)	In-kind contribution description (if applicable)		
	Principal occu	pation / Job title (See Instructions) Attorney	Employer (See In Matthews &		I		

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

SC	٠.	_	_			_	Λ
50	ιн	_	u	ı	31	-	м

The Instruction	N Guide explains how to complete this form.		1 Total pages Sche	edule A:
2 FILER NAME	E Phil Hardberger		3 ACCOUNT # (Eti	hics Commission filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of	8 In-kind contribution
06.09.04	A. L. Hernden		contribution (\$)	description (if applicable)
06.08.04			500.00	
	6 Contributor address; City; State; Zip Code			
	222 Main Plaza East; San Antonio, 78205	TX		
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See In	structions)	
	Attornev	Self		No. 14th Acres Commenced in the Commence
Date	Full name of contributor)	Amount of	In-kind contribution
05.25.04	Harvey Hardy		contribution (\$)	description (if applicable)
05.25.04	Contributor address; City; State; Zip Code		100.00	
			100.00	
	215 Atwater Dr.; San Antonio, TX	78213		
Principal occu	pation / Job title (See Instructions) Retired	Employer (See In	structions)	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind tribution
06.18.04	Victoria L. Branton		contribution (\$)	description applicable)
00.18.04	Contributor address; City; State; Zip Code		25.00	
	134 W. Rosewood; San Antonio, TX 78212	X		5 <u>SEE</u>
Principal occu	pation / Job title (See Instructions)	Employer (See In	structions)	→ → → → → → → → → → → → → → → → → → →
	Unemployed	Employer (Occ III	3tt detions)	چ ^و_ وزن
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of	In-kind contribution description (If applicable)
05.25.04	Ralph Brown		contribution (\$)	description (If applicable)
05.25.04	Contributor address; City; State; Zip Code			
	,, ,		250.00	
	2008 NW Military Hwy.; San Anto TX 78213	onio,		<u> </u>
Principal occu	pation / Job title (See Instructions) Attorney	Employer (See In Self	structions)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of	In-kind contribution
06.29.04	J. Cary Barton		contribution (\$)	description (if applicable)
00.25.04	Contributor address; City; State; Zip Code		250.00	<u> </u>
	4103 Sylvanoaks Dr.; San Antonio,			
	TX 78229			
Principal occu	pation / Job title (See Instructions)	Employer (See In	etructions)	
oipai ooda	Attorney	Barton, Schne	eider & Russell	, LLP

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

SCHEDULE A

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

The Instruction	GUIDE explains how to complete this form.		1 Total pages Sche	dule A:
2 FILER NAME	Phil Hardberger		3 ACCOUNT # (Eth	nics Commission filers)
4 Date 05.29.04	 5 Full name of contributor		7 Amount of contribution (\$) 50.00	8 In-kind contribution description (if applicable)
9 Principal occup	pation / Job title (See Instructions) Attorney	10 Employer (See In: Bexar County	structions) District Attorn	ey
Date 06.10.04	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occuj	pation / Job title (See Instructions) Attorney	Employer (See In: Oppenheimer,	structions) Blend, Harriso	on & Tate Inc.
Date 06.05.04	Full name of contributor		Amount of contribution (\$) 500.00	In-kind contribution descripted (if applicable)
Principal occu	pation / Job title (See Instructions) Attorney	Employer (See In: Jackson Wall		01 N
Date 05.29.04	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occu	pation / Job title (See Instructions) Attorney	Employer (See In Self	structions)	
Date 06.17.04	Full name of contributor out-of-state PAC (ID#: Daniel Kustoff Contributor address; City; State; Zip Code 4103 Parkdale; San Antonio, TX 78	3229	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occu	pation / Job title (See Instructions) Attorney	Employer (See In Daniel O. Ku		

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

SCHEDULE A

	The Instruction	N GUIDE explains how to complete this form.		1 Total pages Sche	dule A:
,				19	
2	FILER NAME	Phil Hardberger		3 ACCOUNT # (Eth	nics Commission filers)
4	Date 06.30.04	5 Full name of contributor ☐ out-of-state PAC (ID#: James Lifshutz 6 Contributor address; City; State; Zip Code		7 Amount of contribution (\$) 1,000.00	8 In-kind contribution description (if applicable)
		215 W. Travis; San Antonio, TX 7	8205 		
9	Principal occup	pation / Job title (See Instructions) Real Estate	10 Employer (See In Self-emplo	•	
	Date 05.26.04	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
		Contributor address; City; State; Zip Code 111 Soledad, Ste. 300; San Antonic	o, TX 78205	70.00	10 1005
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self			
	Date 05.25.04	Full name of contributor out-of-state PAC (ID#: Albert McNeel, Jr.)	Amount of contribution (\$)	In-kind contribution < description (if applicable)
	03.23.04	Contributor address; City; State; Zip Code 901 NE Loop 410, Ste. 909; San A: TX 78209-1393	ntonio,	50.00	50 sb
	Principal occup	pation / Job title (See Instructions) Attorney	Employer (See In Self	structions)	
	Date 05.26.04	Full name of contributor out-of-state PAC (ID#:_ Scott Roberts Contributor address; City; State; Zip Code 14911 Eminence; San Antonio, TX		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Principal occup	pation / Job title (See Instructions) Attorney	Employer (See In Bexar County	structions) District Attorr	ney's Office
	Date 06.03.04	Full name of contributor	io, TX	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
	Principal occup	pation / Job title (See Instructions) Attorney	Employer (See In Jackson Wa		

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

SCHEDULE A

The Instruc	ION GUIDE explains how to complete this form.		1 Total pages Sche	dule A:	
2 FILER NAM	иЕ Phil Hardberger		3 ACCOUNT # (Eth	ics Commission filers)	
4 Date 06.16.04	 5 Full name of contributor out-of-state PAC (ID#:		7 Amount of contribution (\$) 200.00	8 In-kind contribution description (if applicable)	
9 Principal oc	cupation / Job title (See Instructions) Attorney	10 Employer (See In: Self	structions)		
Date 06.18.04	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)	
	800 NW Loop 410 Ste. 414-S; San TX 78216-5601	ŕ		20	
Principal oc	cupation / Job title (See Instructions) Attorney	Employer (See In: Self	structions)		
Date 05.25.04	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution (mapplicable)	
	Contributor address; City; State; Zip Code 3233 S. Valley View; San Antonio	, TX 78217	100.00	A 9: 05	
Principal oc	cupation / Job title (See Instructions) Attorney	Employer (See In: Shaddox, Cor	structions) mpere, Walrave	en & Good	
Date 05.26.04	Full name of contributor		Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)	
	Contributor address; City; State; Zip Code 21607 Hyerwood; San Antonio, TX	78259-2129	56.66		
Principal oc	cupation / Job title (See Instructions) Attorney	Employer (See In: Retired	structions)		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of	In-kind contribution	
06.16.04	Patrick H. Swearingen, Jr. Contributor address; City; State; Zip Code		contribution (\$)	description (if applicable)	
	112 E. Pecan Ste. 1100; San Antonio 78205	o, TX			
Principal oc	cupation / Job title (See Instructions) Attorney	Employer (See In: Matthews &	structions) Branscomb, PC		

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

SCHEDULE A

		······		
The Instruction	N GUIDE explains how to complete this form.		1 Total pages Sche	dule A:
2 FILER NAME	Phil Hardberger		3 ACCOUNT # (Eth	nics Commission filers)
4 Date 06.09.04	 Full name of contributor □ out-of-state PAC (ID#:		7 Amount of contribution (\$) 200.00	8 In-kind contribution description (if applicable)
9 Principal occup	pation / Job title (See Instructions) Attorney	10 Employer (See In Self	structions)	
Date 06.02.04	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occup	pation / Job title (See Instructions) Attorney	Employer (See In Bayne, Sne	•	8 3
Date 05.26.04	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$) 250.00	In-kind contribution and description (if applicable)
Principal occu	pation / Job title (See Instructions) Attorney	Employer (See Instructions) Tinsman, Scott & Sciano, Inc.		
Date 05.27.04	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Principal occu	pation / Job title (See Instructions) Attorney	Employer (See In Bracewell &	structions) Patterson, LLF)
Date 06.23.04	Full name of contributorout-of-state PAC (ID# Steve Rogers Contributor address; City: State; Zip Code 102 Sabine Rd.; Boerne, TX 78006	5	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
Principal occu	pation / Job title (See Instructions) Attorney	Employer (See In Henslee Fow	structions) /ler Hepworth	& Schwartz, LLP

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

SCHEDULE A

	The Instruction	N GUIDE explains how to complete this form.		1 Total pages Sche	edule A:
2	FILER NAME	Phil Hardberger		3 ACCOUNT # (Ett	nics Commission filers)
4	Date 06.10.04	 Full name of contributor		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
9	Principal occup	pation / Job title (See Instructions) Attorney	10 Employer (See In Self	structions)	
	Date 06.18.04	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Dringing! occur		Employer (See In		200 CIT)
	Principal occup	pation / Job title (See Instructions) Attorney			& Cochean, LLP
	Date 06.18.04	Full name of contributor out-of-state PAC (ID#	TX	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Principal occup	pation / Job title (See Instructions) Attorney	Employer (See In: Strasburger &		
	Date 05.27.04	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Principal occup	pation / Job title (See Instructions) Attorney	Employer (See In: Winstead See	structions) chrest & Minic	k. PC
	Date 05.29.04	Full name of contributor out-of-state PAC (ID#:	o, TX 78205	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
	Principal occup	pation / Job title (See Instructions) Law Firm	Employer (See In:	structions)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

SCHEDULE A

The Instructi	ON GUIDE explains how to complete this form.		1 Total pages Sche	edule A:
2 FILER NAM	Phil Hardberger		3 ACCOUNT # (Ett	nics Commission filers)
4 Date 06.22.04	5 Full name of contributorout-of-state PAC (ID#: James W. Gorman 6 Contributor address; City; State; Zip Code		7 Amount of contribution (\$) 2,000.00	8 In-kind contribution description (if applicable)
	4040 Broadway, Ste. 615; San Antor 78209	nio, TX		
9 Principal occ	upation / Job title (See Instructions) Oil and Gas	10 Employer (See Ins	structions)	
Date 06.05.04	Full name of contributor		Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
	333 Convent St.; San Antonio, TX	78205		
Principal occ	upation / Job title (See Instructions) Attorney	Employer (See Ins Martin & Cu	structions) kjati, LLP	
Date 06.01.04	Full name of contributor Steve Hixon Contributor address; City; State; Zip Code 114 Rio Bravo; San Antonio, TX	78232	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Principal occ	upation / Job title (See Instructions) Retired	Employer (See Ins	structions)	
Date 06.18.04	Full name of contributor		Amount of contribution (\$) 400.00	In-kind contribution descript (if applicable)
Principal occ	upation / Job title (See Instructions) Lt. Colonel	Employer (See Ins Dept. of Def		
Date 06.10.04	Full name of contributor	o, TX 78205	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occi	upation / Job title (See Instructions) Attorney	Employer (See Ins Cox & Smith		

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

SCHEDULE A

				····	
	The Instruction	GUIDE explains how to complete this form.		1 Total pages Schedule A:	
2	FILER NAME	Phil Hardberger		3 ACCOUNT # (Ett	nics Commission filers)
4	Date 05.25.04	 Full name of contributor □ out-of-state PAC (ID#:) Nancy T. Shivers Contributor address; City; State; Zip Code 1146 S. Alamo; San Antonio, TX 782 		7 Amount of contribution (\$) 100.00	8 In-kind contribution description (if applicable)
9	Principal occur	pation / Job title (See Instructions) Attornev	10 Employer (See In: Self	structions)	
	Date 06.30.04	Full name of contributor out-of-state PAC (ID#: Stephen M. Dufilho Contributor address; City; State; Zip Code 3219 Seven Oak; San Antonio, TX		Amount of contribution (\$) 1,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Banker		Employer (See Ins Compass Ba			
	Date 06.22.04	Full name of contributor out-of-state PAC (ID#: Steven Sinkin Contributor address; City; State; Zip Code 105 W. Woodlawn; San Antonio, TX		Amount of contribution (\$) 500.00	In-kind contribution description (ADE)
	Principal occup	Attorney	Employer (See Ins Sinkin & B	structions) aretto	A SAFE
	Date 06.29.04	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kin d-s ontribution descripti on (if appli ca ble)
	Principal occup	nation / Job title (See Instructions) Insurance	Employer (See Ins Retired	structions)	
	Date 05.27.04	Full name of contributor out-of-state PAC (ID#: Robert Kilgore Contributor address; City; State; Zip Code 112 E. Pecan, Ste. 1800; San Anton 78205		Amount of contribution (\$) 25.00	In-kind contribution description (if applicable)
	Principal occup	ation / Job title (See Instructions) Attorney	Employer (See Ins		

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

SCHEDULE A

	The Instruction	N GUIDE explains how to complete this form.		1 Total pages Sche	edule A:
2	FILER NAME	Phil Hardberger		3 ACCOUNT # (Eth	nics Commission filers)
4	Date	5 Full name of contributor □ out-of-state PAC (ID#:)	7 Amount of	8 In-kind contribution
	06.21.04	Ronald A. Kern		contribution (\$)	description (if applicable)
		6 Contributor address; City, State; Zip Code		250.00]
		13625 Bluffcircle; San Antonio, TX 78216-1903	X		
9	Principal occu	pation / Job title (See Instructions) Stockbroker	10 Employer (See In Salomon Sr		
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06.21.04	Stephen E. Walker			l
		Contributor address; City; State; Zip Code		3,000.00	1
		523 King William; San Antonio, Ta	X 78204		
	Principal occu	pation / Job title (See Instructions) Stockbroker	Employer (See In Salomon Si	structions) mith Barney	
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of	In-kind contribution
	06.18.04	Ben A. Wallis		contribution (\$)	description (if applicable)
	00.16.04	Contributor address; City; State; Zip Code	•	100.00	2 =
		800 NW Loop 410, Ste. 350; San A TX 78216	Antonio,		
	Principal occu	pation / Job title (See Instructions)	Employer (See In	structions)	9 2
		Attorney	Self	Γ	
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06.22.04	Cynthia Ellis Rosen		50.00	05
		Contributor address; City; State; Zip Code		30.00	
		223 E. Magnolia; San Antonio, TX	X 78212		
	Principal occu	pation / Job title (See Instructions)	Employer (See In		1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
		Attorney	Matthews &		T
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06.29.04 J. Bruce Bugg, Jr.			2,500.00	
		Contributor address; City; State; Zip Code	V 70200	2,500.00	·
		410 Elizabeth Road; San Antonio, Ta	X /8209		
	Principal occu	pation / Job title (See Instructions) Investor	Employer (See In Argyle Inve	structions) stment Co., LL	.C

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

SCHEDULE A

	The Instruction	GUIDE explains how to complete this form.		1 Total pages Sche	dule A:		
2	FILER NAME	Phil Hardberger		3 ACCOUNT # (Etr	nics Commission filers)		
4	Date 06.15.04	 Full name of contributor ☐ out-of-state PAC (ID#: George G. Brin Contributor address; City; State; Zip Code PO Box 63316; Pipe Creek, TX 780 		7 Amount of contribution (\$) 500.00	8 In-kind contribution description (if applicable)		
9	Principal occup	pation / Job title (See Instructions) Attorney	10 Employer (See In Brin & Bri				
	Date 05.25.04	Full name of contributor out-of-state PAC (ID#:_Elizabeth Copeland Contributor address; City; State; Zip Code 711 Navarro, 6th Fl.; San Antonio, TX 78205		Amount of contribution (\$)	In-kind contribution description (if applicable)		
	Principal occuj	pation / Job title (See Instructions) Attorney	Employer (See In: Oppenheimer	structions) · ,Blend, Harris	on & Tate		
	Date	Full name of contributor out-of-state PAC (ID#: Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)		
	Principal occu	pation / Job title (See Instructions)	Employer (See In	structions)	A PAGE		
	Date	Full name of contributor ut-of-state PAC (ID#: Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description f applicable)		
	Principal occu	pation / Job title (See Instructions)	Employer (See In	structions)			
	Date	Full name of contributor out-of-state PAC (ID#: Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)		
	Principal occu	pation / Job title (See Instructions)	Employer (See In	structions)			

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

Austin, Texas 78711-2070 **POLITICAL EXPENDITURES** SCHEDULE F Total pages Schedule F: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 ACCOUNT # (Ethics Commission filers) Phil Hardberger Date 5 Payee name Amount (\$) Daily Address Record 05.26.04 473.75 6 Payee address; City; State; Zip Code 4228 Centergate; San Antonio, TX 78217-4827 Purpose of payment (See instructions regarding type of information .. Complete if direct expenditure to benefit C/OH .. required.) Candidate / Officeholder name Office sought Office held Mailer services for attorney mailing Date Payee name Amount (\$) Office Max 05.31.04 116.35 City; State; Zip Code Payee address; 255 E. Basse Road, Ste. 1510; San Antonio, TX 78209 Purpose of payment (See instructions regarding type of information · Complete if direct expenditure to benefit C/OH. required.) Candidate / Officeholder name Office sought rn Office supplies Payee name **Deluxe Busines Checks** 06.01.04 City; State; Zip Code Payee address; 151.83 PO Box 742572; Cincinnati, OH 45274 Purpose of payment (See instructions regarding type of information • Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name Office held Campaign account business checks, deposit slips & rubber stamp Date Payee name Amount Aurelia C. Martinez 06.01.04 222.00 Payee address: City; State; Zip Code San Antonio, TX 78212 PO Box 12162; Purpose of payment (See instructions regarding type of information · Complete if direct expenditure to benefit C/OH ·· Office sought Office held Candidate / Officeholder name Reimbursement for postage stamps for campaign

Austin, Texas 78711-2070

1-800-325-8506 POLITICAL EXPENDITURES SCHEDULE F Total pages Schedule F: The Instruction Guide explains how to complete this form. 3 ACCOUNT # (Ethics Commission filers) 2 FILER NAME Phil Hardberger Date 5 Payee name 7 Amount Tom Daniels 06.07.04 2,621.68 6 Payee address; City; State; Zip Code San Antonio, TX 78209-2918 626 Larkwood; Purpose of payment (See instructions regarding type of information · Complete if direct expenditure to benefit C/OH · · required.) Candidate / Officeholder name Office sought Office held Fundraising letter services Date Payee name Amount (\$) TMS Computer Services 06.07.04 237.32 City; State; Zip Code Pavee address: 9650 DataPoint Dr. Ste. 113; San Antonio, TX 78229 Purpose of payment (See instructions regarding type of information · Complete if direct expenditure to benefit C/QH Candidate / Officeholder name Computer services Date Payee name Jose R. Martinez 06.07.04 City; State; Zip Code Pavee address: P.O. Box 12162; San Antonio, TX 78212 Purpose of payment (See instructions regarding type of information • Complete if direct expenditure to benefit C/OH •• Office held Candidate / Officeholder name Office sought Reimburse purchase of two folding tables for campaign Date Payee name Amount Southwest Legal Copy 06.14.04 33.98 Payee address: City; State; Zip Code 115 East Travis, Ste. 119; San Antonio, TX 78205 Purpose of payment (See instructions regarding type of information · Complete if direct expenditure to benefit C/OH · · Office held Candidate / Officeholder name Office sought 300 copies of invitation to event

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

P.O. Box 12070

(512) 463-5800

POLITIO	CAL EXPENDITURES			SCHEDULE F
The Instruction	N GUIDE explains how to complete this form.		1 Total pages	Schedule F:
2 FILER NAME	Phil Hardberger		3 ACCOUNT	# (Ethics Commission filers)
4 Date 06.14.04	5 Payee name At Networks 6 Payee address; City; State; Zip Code 10105 Broadway; San Antonio, TX	78217		7 Amount (\$) 126.01
8 Purpose of pay required.)	Onlipicto il direct experiatibio			
Computer s	ervices			
Date 06.15.04	Payee name Brooke Haley Payee address; City; State; Zip Code 602 Many Oaks; San Antonio, TX	78232		Amount (\$) 24.00
required.)	/ment (See instructions regarding type of information see parking expenses	•• Complete if di Candidate / Officeholder r		to benefit C/ØFT ·· Office sought · Office sou
Date 06.17.04	Payee name US Postal Service Payee address; City; State; Zip Code 2400 McCullough; San Antonio, TX			9mount ON 10 (\$) 05 (\$) 370.00
Purpose of pay required.) Postage	1 /ment (See instructions regarding type of information	•• Complete if di Candidate / Officeholder r		to benefit C/OH •• Office sought Office held
Date 06.28.04	Payee name At Networks Payee address; City; State; Zip Code 10105 Broadway San Antonio, TX	78217		Amount (\$) 218.82
Purpose of pay required.) Computer s	yment (See instructions regarding type of information	•• Complete if di Candidate / Officeholder r		to benefit C/OH •• Office sought Office held
	ATTACH ADDITIONAL COPIE	S OF THIS FORM AS N	EEDED	

P.O. Box 12070

POLITIC	CAL EXPENDITURES			SCHEDU	LE F
The Instruction	GUIDE explains how to complete this form.		1 Total pages	Schedule F:	
2 FILER NAME	Phil Hardberger		3 ACCOUNT	# (Ethics Commission file	rs)
4 Date 06.29.04	5 Payee name Office Max 6 Payee address; City; State; Zip Code 12635 IH-10 West, Ste. 525; San Ar	ntonio, TX 78230		7 Amount (\$) 314.96	i
8 Purpose of payer required.) Office sup	ment (See instructions regarding type of information	9 •• Complete if di Candidate / Officeholder r		to benefit C/OH •• Office sought	Office held
Date	Payee name Payee address; City; State; Zip Code			Amoun (\$2001) JUL 155	CITY OF SAN
Purpose of pay required.)	ment (See instructions regarding type of information	•• Complete if di Candidate / Officeholder r		to benefit C/OH DOMING Sought	NON ON O
Date	Payee name Payee address; City; State; Zip Code			Amouni (\$)	t
Purpose of pay required.)	ment (See instructions regarding type of information	•• Complete if di Candidate / Officeholder i		to benefit C/OH •• Office sought	Office held
Date	Payee name Payee address; City; State; Zip Code			Amoun (\$)	t
Purpose of pay required.)	ment (See instructions regarding type of information	•• Complete if di Candidate / Officeholder i		to benefit C/OH •• Office sought	Office held
	ATTACH ADDITIONAL COPIE	S OF THIS FORM AS N	IEEDED		

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The Instruction Guide explains how to complete this form. 1 Total pages Sche 1 2 FILER NAME Phil Hardberger 3 ACCOUNT # (Et				
				. Date
05.17.04	6 Payee address; City; State; Zip Code 130 East Travis, San Antonio, TX 78205			1000.00
	7 Purpose of expenditure (See instructions regarding type of information required.) to open campaign account		X	Reimbursement from political contributions intended
Date 05.20.04	Payee name Minuteman Press Payee address; City; State; Zip Code 6983 Blanco Road, San Antonio, TX 78216			Amount (\$) 241.35
	Purpose of expenditure (See instructions regarding type of information required.) 5000 card inserts for attorney mailing			Reimbursement from political contributions intended
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)			Rei Aursement North From political North Park
Date	Payee name Payee address; City; State; Zip Code		-	conmount of interfeed S
	Purpose of expenditure (See instructions regarding type of information required.)			Reimbursement from political contributions intended
Date	Payee name			Amount (\$)
	Purpose of expenditure (See instructions regarding type of information	required.)		Reimbursement from political contributions intended